

#### THE DSS CRITERIA FOR DIAGNOSING AN ASBESTOS-RELATED ILLNESS

If a worker is disabled and suffering as a result of his exposure to asbestos dust, it is not enough to demonstrate some of the symptoms of an asbestos-related illness. The victim has to fit into one of the four following categories in order to qualify for Industrial Disability Benefit.

1. PNEUMOCONIOSIS - This is an umbrella term covering a group of dust-associated diseases of the lung, including asbestosis. Asbestosis is characterised by fibrosis of the lung, caused by inhalation of dust. It is not enough for an X-ray to demonstrate that your lungs are full of asbestos dust, even though it is a known carcinogen (i.e it causes cancer). It is not enough to have pleural changes, which are indicative of heavy asbestos exposure and are in themselves disabling. The DSS insist on fibrosis being visible on an X-ray - even though such pulmonary changes take years to manifest themselves - years in which a victim experiences much pain and suffering. Quite often fibrosis is not identified by the DSS as their medical board only provides chest X-rays. A high quality CT scan can show what an X-ray has missed. It is also common for fibrosis not to be identified until after death, as the pleural changes which the DSS dismisses in life can prevent the fibrosis of the lung being identified on an X-ray.

Before a diagnosis of asbestosis can be made, a victim must also possess 'crackles' in his lungs, as well as demonstrating a loss of lung function by going through a series of demanding breathing tests.

BILATERAL DIFFUSE PLEURAL THICKENING - The relationship between asbestos exposure and pleural thickening and pleural plaques has been well documented. The DSS admits this, but will not accept that this condition is disabling unless the victim satisfies every single aspect of the above description. It is not enough if a victim has bilateral pleural thickening, for then it is not 'diffuse'. Equally, it is not enough to have diffuse pleural thickening, for then it is not 'bilateral'. Unfortunately the DSS sticks mindlessly to this static criteria, refusing to take into consideration what suffering or disablement that the victim of these pleural changes actually experiences. As this condition is progressive, a victim may satisfy this criteria in the very late stages. He then has to prove that he suffers from at least 14% disablement before he is entitled to receive any benefit.

DIFFUSE MESOTHELIOMA - This is a supposedly rare cancer which affects the lining of the lung (pleura) or stomach (peritoneum). It is estimated that at least 90% of all cases are directly due to exposure to asbestos. This is notoriously difficult to diagnose, and it is not helped by the DSS's dismissal of pleural changes, which can sometimes be a precursor to mesothelioma. A significant number of mesotheliomas are not diagnosed until after death, indicating the need for greater recognition of this disease and its prevalence amongst asbestos workers.

LUNG CANCER - Despite the fact that asbestos is a known carcinogenic substance, the DSS only accepts this as a prescribed disease if you also have asbestosis or bilateral diffuse pleural thickening. It does not matter if you have never smoked and that you have worked with asbestos all your life. It does not matter that 1/5 of all asbestos workers die of lung cancer. Again the victim must prove that he has another prescribed disease, as outlined above. Again this is commonly not demonstrated until after the victim's death.

The above has demonstrated that the DSS is not concerned with individual illnesses or experiences - it is more a case of diagnosis by boxes. If you do not fit exactly into their static criteria then 'you haven't got it'. This is despite the fact that many victims suffer from unbearable pain and are significantly disabled. There is no cure for any of the above diseases, so that victims can only look forward to a slow deterioration and death. It is then left to the widow to 'prove' what should have been acknowledged in life.

An added difficulty to succeeding in a claim is that a victim must have worked in a 'prescribed industry'. Thus if you satisfy the above conditions, but worked as say a cleaner, then your claim will be disallowed.

If, against all odds, a victim succeeds in his claim for Industrial Benefit, he will be assessed as to what percentage he is disabled. The majority of victims are told that they are only 10% disabled, and are thus awarded the grand sum of £8.84 per week. After a couple of years the victim may be reassessed at being 20% disabled, thus receiving £17.68 per week. If, as is common, the victim is on income support, the disability allowance will affect his entitlement to benefit.

Claiming for Industrial Disability Benefit is a battle which asbestos victims just cannot win.

#### VICTIMS TWICE OVER - THE BATTLE FOR RECOGNITION.

The following are just a few examples of the experiences of hundreds of asbestos victims when they attempt to claim Industrial Disability Benefit from the DSS.

JOHN STEVENSON - worked as an engineer fitter, and was heavily exposed to asbestos dust for a period of 18 years. After a life time of good health he began experiencing chest pain and breathlessness in 1986. After applying to the DSS, they diagnosed him as suffering from a 'minor degree of pleural plaque formation' despite the pain and disablement which he suffered, he did not satisfy the DSS criteria as having bilateral diffuse pleural thickening. As his condition steadily deteriorated, he applied again in 1991. This time he was told he that he was significantly worse, as the pleural thickening was by now diffuse. However, it was 'only' on the right side, and therefore did not satisfy the criteria that it should be bilateral. Mr. Stevenson was then admitted into hospital with suspected mesothelioma. A CT scan revealed 'extensive and irregular pleural thickening...scattered pleural plaques with calcification....significantly worse than in 1986'

John Stevenson then underwent a CT guided pleural biopsy, followed by an open biopsy. Fortunately, Mr. Stevenson did not appear to have mesothelioma, although biopsies themselves have a history of provoking this disease. He was however diagnosed by the Consultant in charge as suffering from an asbestos related lung disease, with extensive pleural thickening. On the grounds of this medical evidence, Mr. Stevenson appealed against the DSS's decision not to award him benefit. Their answer was that although he suffered from diffuse pleural thickening and extensive plaque formation, this was not bilateral, and therefore not a prescribed disease. Mr. Stevenson was too ill to attend his own appeal.

ANNE CRAIG - is a 65 year old lady who was diagnosed as suffering from fibrosis of the lungs. One doctor told her that this was due to asbestos dust. However, when she applied to the DSS for disablement benefit, she was told that she did not work in a prescribed industry, and therefore did not qualify. Anne had worked in a distillery where she packed bottles into asbestos boxes. Despite possessing every symptom of asbestosis, the doctors accepted the DSS's contention that she did not work in a prescribed industry, and diagnosed her as suffering from cryptogenic fibrosing alveolitis. The pathology of this disease is exactly the same as asbestosis. Cryptogenic merely means 'of unknown cause' We know that asbestos caused Anne Craigs suffering, but the DSS will not recognise this.



MICHAEL KEENAN - worked as a welder in the ship yards for 25yrs from the age of 15, and was heavily exposed to all forms of asbestos dust. Although previously graded A1 fitness in the army and a non-smoker, his health began to deteriorate in 1984. He experienced shortness of breath and chest pain, and gradually had to give up work and all physical activity. Mr. Keenan applied for disability benefit in 1984, but the DSS turned him down, as they said he 'only' had pleural thickening. Although he had never smoked, he was told he had bronchitis. He applied again in 1987, but was again refused, despite being significantly worse. Doctors told him that he was suffering from an asbestos-related illness, but 'not enough' for the DSS to accept it. Mr. Keenan kept on deteriorating, his pleura kept on thickening and spreading, until in 1992 he got an independent consultant to give him a CT scan. The scan revealed fibrosis of the lung, so he appealed against the DSS's decision. He is currently awaiting the outcome of his appeal, which is expected to be positive, as he now satisfies their criteria. This case proves the lengths which victims have to go to be recognised, and the extent to which they have to be suffering in order for the DSS to accept that they are ill.

NANCY MEREDITH - is the widow of Robert Meredith. Whilst he was alive he applied to the DSS for disability benefit. He was refused on the grounds that he 'only' had pleural thickening. Not long after Mr. Meredith died of lung cancer. His bereaved widow now has to prove that her husband died of lung cancer in the presence of asbestosis. Fibrosis of the lung was found in the post mortem, and an asbestos fibre was found in a different section of the same lung. Mrs. Meredith had to sit in a Medical Appeal Tribunal and argue about which section of her husband's lung contained what, in order to prove that the 40 years exposure to asbestos that her husband endured materially caused his death. The victims find no peace in death, as the battle goes on for their widows.

The few cases which we have highlighted are but a few of many. They illustrate the inadequacies and inhumanity of the DSS system. The diagnostic criteria must be changed. At CAA we are campaigning for the DSS to accept the criteria recommended by the world expert in asbestos-related illnesses, Dr. Selikoff. This system takes victims out of static boxes and considers them as individuals, and their symptoms as a whole. It assesses the symptoms on a scale, so that all the above, instead of falling in between the boxes, would have been recognised as suffering from an asbestos-related illness, and would have at least received some compensation for this. We believe that many other doctors will accept that this is a far more accurate way of assessing some one's ill health. We are people, with a variety of symptoms, not names to fit into boxes. We are already victims of asbestos exposure - we are tired of being victims of an inadequate system. THE DSS CRITERIA MUST CHANGE!